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BIBDATASHEET

Bib Data Sheet

CONFIRMATION NO. 2092

| SERIAL NUMBE 09/888,732 | ER | FILING DATE 06/25/2001 RULE | C | CLASS 128 | GROUP ART UNIT 3743 | | ATTORNEY DOCKET NO. 56733USA5A.002 | | | | |
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| ** CONTINUING [** FOREIGN APP IF REQUIRED, FO ** 08/17/2001 | LICA | TIONS ************************************ | MU/M MU/M GRANTE | enfiell renfiel | OW Quu | R R | | | | | |
| Foreign Priority claimed | l | u yes no | •= | STATE OR | CUE | ETC | ТОТ | ۸۱ | INDEPENDENT | | |
| 35 USC 119 (a-d) conditions yes no Met after Met Allowance Verified and Acknowledged Examiner's Signature Initials | | | · | COUNTRY | | | CLAI | | CLAIMS | | |
| ADDRESS 32692 3M INNOVATIVE PO BOX 33427 ST. PAUL, MN 55133-3427 | PRO | PERTIES COMPANY | | | | | 3. | 5 | | | |
| TITLE Unidirectional Res | spirat | or valve | | | | | - | | | | |
| | No to charge/credit DEPOSIT ACCOUNT No for following: | | | | | 6 Fees (| Proc | essing Ext. of | | | |

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| Other | |
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